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## APPENDIX XIII.

TO THE

SECOND EDITION

OF THE

DESCRIPTIVE CATALOGUE

OF THE

PATHOLOGICAL SPECIMENS

CONTAINED IN

THE MUSEUM

OF

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

BY

SAMUEL G. SHATTOCK,  
PATHOLOGICAL CURATOR OF THE MUSEUM.



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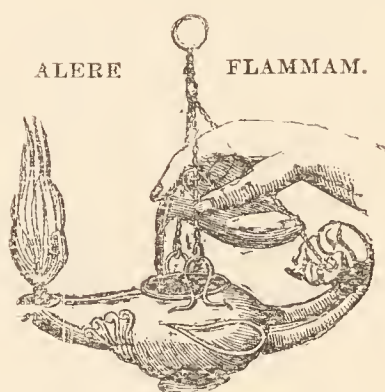
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## P R E F A C E.



THIS Appendix contains descriptions of the Pathological Specimens added to the Museum during the year ending July 1st, 1899.

SAMUEL G. SHATTOCK.

July 1899.



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APPENDIX XIII.

TO THE

PATHOLOGICAL CATALOGUE.

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- 313 A. A slice of a very large Lipoma which was taken after death from the retroperitoneal tissue; the kidney lay behind the growth, and was unaffected.

From a woman æt. 48, under the care of Dr. Hayes, in King's College Hospital. Laparotomy was performed, Dec. 1896, but the tumour, which was thought to be a sarcoma of the kidney, was left unremoved, and the abdomen closed. The patient returned to the Hospital in March 1898 with the growth much increased. Death took place shortly afterwards from the effects of pressure and bronchitis. The tumour was found to weigh 68 pounds, and had a maximum circumference of four feet four inches.

*Presented by King's College Hospital, 1899.*

- 438 c. Portion of the integuments from the loin. Immediately beneath the skin there has grown a flattened spherical tumour, and in the integument itself, both over and in the neighbourhood of the chief growth, a series of smaller, which project more prominently from the surface. Microscopic examination shows the new formations to be spindle-celled sarcomata.

The parts were removed from over the two upper lumbar vertebræ in a lady æt. 58. A tumour had been growing for twenty years, but during the last year its increase had been more rapid, its consistence at the same time becoming softer.

*Presented by Thomas Bryant, Esq., 1899.*

680 A. The right humerus of a female infant showing in a highly pronounced degree the lesions of rickets, the disease being congenital. At the epiphysial line are to be seen the abnormally thick semitransparent zone of proliferating cartilage and the irregular advance of the osseous tissue into this from the diaphysis. The wall of the shaft is thickened and constructed of cancellous bone which has entirely replaced the original compact tissue. There is a marked outward curvature opposite the middle of the bone.

The skeleton in general was affected, the various long bones as shown in the specimen, whilst the flat bones were abnormally thickened.

The child was one of twins and was born with deformities of the limbs, the disease evidently having been congenital. The long bones during life could be bent like india-rubber. Death occurred when the child was about 16 months of age, from marasmus and broncho-pneumonia.

The other twin, a boy, was like the girl, very backward and unable to walk; he presented the same flexibility of bones and curvatures, but to a less degree. Both children had been brought up on cow's milk and "Robinson's food." The parents were healthy; and the mother knew of nothing unusual in her diet during pregnancy.

(Other portions of the skeleton are in the Museum of St. Thomas's Hospital.)

*Presented by F. C. Abbott, Esq., 1899.*

940 c. The internal epicondyle, bisected, of a child's humerus, the part being removed by operation, after traumatic separation. The surface of detachment is the flatter of the two; a few osseous granules of the diaphysis remain connected with it.

The detached epiphysis was displaced backwards so as to cause compression of the ulnar nerve, as evidenced by loss of sensation in the area of the hand supplied by it.

A. Poland. "Traumatic Separation of the Epiphyses," p. 357.

*Presented by A. Poland, Esq., 1899.*

1105 A. The leg-bones from three common Rats, showing fractures of the fibulæ which have undergone repair.

*Presented by Mr. A. Mead, 1899.*



- 1592 A. A pedunculated osteoma of cancellous tissue capped with cartilage, together with a small portion of the scapula from which the tumour arises.

The growth was removed from the anterior surface of the posterior superior angle of the right scapula of a girl æt. 15; it had been noticed for many years, and had rendered the free use of the arm almost impossible.

*Presented by Thomas Bryant, Esq., 1899.*

- 1634 A. The lower end of a radius with the corresponding portion of the ulna. The former is widely expanded by the growth of a giant-celled sarcoma in which extensive hæmorrhage and necrosis have occurred.

The parts were removed by operation from a young married lady, æt. 21. During 1898 she sprained the right wrist in a fall, and in September a swelling was noticed at the lower end of the radius. After the excision of the lower thirds of the radius and ulna, the different tendons were shortened, so that the carpus was brought up against the ends of the bones of the forearm. Primary union and good movement in the new joint followed.

*Presented by F. S. Eve, Esq., 1899.*

- 2023 A. A vertical section of the upper part of a spinal column, wanting the atlas, together with the spinal cord. The cervical spine is markedly curved, with the convexity backwards, as the result of a fracture, but the vertebral canal is not diminished in size. The cord is somewhat flattened over the summit of the curvature. The various bones which have been crushed in the fracture are ankylosed by osseous tissue.

From a man æt. 82, who was struck on the occiput in the fall of a high brick wall, twenty years before his death, which occurred from senile decay. After the accident he remained unconscious for two hours; fixed apparatus was employed, and he completely recovered, though a temporary partial hemiplegia of the right side ensued. During life the back of the pharynx could not be reached by the finger introduced from the mouth.

Dr. H. P. Potter. Path. Soc. Trans., vol. 1.

*Presented by Dr. H. P. Potter, 1899.*

2135 A a. Four casts showing irregularities in the size of the teeth.

- (1) Abnormally large incisors and cuspidates of the upper jaw.
- (2) Abnormally large left central incisor of the upper jaw.
- (3) Abnormally small and ill-formed temporary teeth of the upper jaw.
- (4) Abnormally small temporary and permanent teeth of the lower jaw, with well-developed dental arch, showing that the development of the latter does not wholly depend upon the teeth.

(The above are all from casts in the Museum of the Odontological Society of London.)

*Presented by Alfred Coleman, Esq., 1899.*

2135 A b. A cast showing abnormally small temporary and permanent teeth of the lower jaw.

*Presented by Alfred Coleman, Esq., 1899.*

2135 o b. Eleven casts illustrating excess in the number of teeth.

- (1) A cast of the upper jaw showing a supernumerary right lateral temporary incisor.
- (2) A cast exhibiting the same excess.
- (3) A cast of the upper jaw showing two supernumerary temporary incisors.

(The supernumerary teeth of the temporary series are usually of normal form, and are occasionally succeeded by permanent ones that are also supernumerary.—A. C.)

- (4) A cast of the upper jaw showing a supernumerary permanent tooth of rudimentary form, situated between the central incisors.

(This is a common type and position of supernumerary teeth.—A. C.)

From a cast in the Museum of the Odontological Society.

- (5) A cast of the left upper jaw showing two supernumerary teeth in the region of the wisdom-tooth.



- (6) A cast of the upper jaw showing two supernumerary teeth in the incisor region.

From a cast in the Museum of the Odontological Society.

- (7) A cast of the upper jaw showing three supernumerary teeth in the incisor region, of almost normal incisor type.

- (8) A cast of the upper jaw showing a large malformed supernumerary cuspidate of the left side, erupted within the dental arch. There is also a supernumerary central incisor on the right side.

From a cast in the Museum of the Odontological Society.

- (9) A cast of the upper jaw, showing a supernumerary bicuspid on the left side.

(These teeth are almost invariably of the normal bicuspid type.—A. C.)

- (10) A cast of the lower jaw showing a supernumerary bicuspid on each side.

From a cast in the Museum of the Odontological Society.

- (11) A cast of the lower jaw showing a supernumerary permanent incisor.

*Presented by Alfred Coleman, Esq., 1899.*

- 2135 R b. A cast of the upper jaw showing union of the permanent left lateral incisor with a supernumerary tooth. There is also a supernumerary tooth on the right side.

*Presented by Alfred Coleman, Esq., 1899.*

- 2135 s a. A series of eleven casts illustrating deficiency in the number of the teeth in members of the same family.

- (1) Absence of teeth in a female of 26 years (upper jaw).
- (2) The lower jaw of the same patient at the same age.
- (3) The condition of the upper jaw of the same patient at the age of 7 years.
- (4) The condition of the lower jaw of the same patient at the age of 7 years.
- (5) Absence of teeth in the upper jaw of a female of 5 years.

- (6) The lower jaw of the same patient at the same age.
- (7) The condition of the upper jaw of the preceding patient at the age of 24 years.
- (8) Absence of teeth in a female of 21 years (upper jaw).
- (9) The lower jaw of the same patient.
- (10) The upper jaw of the same patient at the age of 19 years.
- (11) The lower jaw of the foregoing patient at the age of 19 years.

The family consisted of 10 children, two sons and eight daughters. In the case of the sons there was no deficiency in the teeth, but deficiencies existed in all the daughters with the exception of the eldest, and the youngest but one.

There was a history of the absence of a lower incisor in the grandmother on the father's side, and in one of her brothers.

*Presented by Alfred Coleman, Esq., 1899.*

- 2136 z b. Casts of the upper and lower jaws showing irregularity in the position of the teeth due to thumb-sucking.

*Presented by Alfred Coleman, Esq., 1899.*

- 2136 z c. Two casts of the lower jaw, from different patients, showing irregularity in the permanent teeth due to abnormal retention of the lower temporary teeth.

*Presented by Alfred Coleman, Esq., 1899.*

- 2136 z d. A cast of the upper jaw showing irregularity in the teeth due to excessive development in size.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

- 2136 z e. A cast of the upper jaw, showing irregularity of the teeth arising from want of proportionate development between the teeth and maxilla, producing the so-called V-shaped arch. *Presented by Alfred Coleman, Esq., 1899.*

- 2136 z f. A cast of the upper jaw, showing irregularity of the teeth due to want of proportionate development between the



teeth and maxilla, the cuspidate teeth being erupted outside the dental arch.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

2136 *z g.* Four casts exhibiting irregularities of the teeth due to want of development between the teeth and maxillæ.

(1) Lower jaw.

(2) Upper jaw.

(3) The foregoing upper jaw after treatment by extraction and pressure.

(4) Upper jaw.

*Presented by Alfred Coleman, Esq., 1899.*

2136 *z h.* Casts of the upper and lower jaws showing disproportionate development between the two, leading to protrusion of the upper front teeth (overhung).

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

2136 *z i.* Casts of the upper and lower jaws showing an "underhung" condition arising from disproportionate development between the two.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

A 2138. Casts of the upper and lower jaws of a woman who was the subject of inherited syphilis.

*Presented by Alfred Coleman, Esq., 1899.*

2167 A. A cast of the lower jaw showing premature absorption of the alveoli due to "Pyorrhœa alveolaris," and leading to exposure of the fangs of the teeth.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

- 2167 B. A cast of a lower jaw showing premature absorption of the alveoli.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

- 2167 c. A cast of an upper jaw showing absorption of the alveoli of the right central and lateral incisors due to the growth of a small epulis situated between them.

From a cast in the Museum of the Odontological Society.

*Presented by Alfred Coleman, Esq., 1899.*

- 2167 D. A cast of the upper jaw showing absorption of the alveolus, whereby a left cuspidate tooth has assumed a horizontal position on the gum, being attached to the latter by what remains of its periodontal membrane ; or it may have been so developed, and erupted after loss of the other teeth and absorption of the alveoli. *College Stores, 1899.*

- 2177 E. A cast of the lower jaw showing a mass of tartar covering the anterior teeth.

*Presented by Alfred Coleman, Esq., 1899.*

- 2193 B. A cast of the upper jaw showing the condition of general hypertrophy of the gum.

*Presented by Alfred Coleman, Esq., 1899.*

- 2193 c. A cast of the upper jaw showing hypertrophy of the gum.

*Presented by Alfred Coleman, Esq., 1899.*

- A 2194. A cast of the upper jaw showing a swelling due to antral distension arising in connection with a carious bicuspid tooth. *Presented by Alfred Coleman, Esq., 1899.*

- 2209 A. A cast of an upper jaw from the alveolar border of which, on the left side, an osteoma has grown.

*Presented by Alfred Coleman, Esq., 1899.*



- 2203 B. A cast of a lower jaw showing an extensive osteomatous formation projecting within the dental arch. The patient erupted an upper third molar at the age of sixty-five.

*Presented by Alfred Coleman, Esq., 1899.*

- A 2324. The pharynx and portion of the œsophagus etc. of a woman æt. 31, who died with heart disease. In the left wall of the œsophagus, about an inch from its upper end, there is a somewhat oval, thinly walled, and completely closed cyst about one and a half inches in chief diameter. The cyst appears to have arisen close beneath the mucosa and in its growth to have passed through the muscular coat: the recurrent laryngeal nerve crossed over it.

Microscopic examination showed an epithelial lining of columnar ciliated cells.

R. W. Hebb. Path. Soc. Trans., vol. xlix.

*Presented by Dr. R. G. Hebb, 1899.*

- 2536 F. Portion of a sigmoid flexure much constricted by the growth of a carcinoma; the lumen of the narrowed part is quite occluded by the impaction of a damson-stone.

There were no material symptoms of obstruction until a few days before the patient was seen. The obstruction was sudden and complete. The parts shown were successfully excised.

*Presented by R. W. Parker, Esq., 1899.*

- 2549 s. Portion of the small intestine of a Dog in which an experimental end-to-end union was effected by means of Murphy's button, the animal having been allowed to live for twenty-one days: the upper or gastric end is that lettered A in the preparation. The parts are united by a narrow line of cicatricial tissue, there being a distinct interval in the muscular coat; the lumen is scarcely at all diminished. A portion of the omentum is adherent to the seat of operation. The "button" was passed on the third day. The stools passed after the operation were invariably loose, and the animal lost flesh. No peritonitis was found after death.

*Presented by W. Edmunds, Esq., 1899.*

2549 T. Portion of the small intestine of a Dog, showing an experimental end-to-end union which was effected over an inflated india-rubber bag nine days before the animal was killed. The lumen presents an annular constriction or diaphragm due to the inversion of the intestinal walls carried out to secure union. Portions of some of the sutures project into the intestinal cavity. The proximal or gastric end is that lettered A in the preparation, the distal being marked B. *Presented by W. Edmunds, Esq., 1899.*

2606 A. An irregularly oval concretion, about two inches in chief diameter, which was removed (in 1857) from the rectum of a lady sixty-nine years of age; its weight, immediately after removal, was three ounces (avoirdupois).

A concretion had previously been removed by Dr. Oldham of Guy's Hospital. The central cavity was filled with a crumbling material mixed with shining crystals, some of which remain projecting from its sides; the material was fusible and may be assumed, therefore, to have consisted of phosphate of lime mixed with ammonio-magnesian phosphate. The peripheral part or body of the calculus, which has a coarse radial striation, is composed largely of organic matter, with ammonio-magnesian phosphate and a trace of phosphate of lime; it contains no oxalate.

*Presented by Norris F. Davey, Esq., 1899.*

2748 B. Portion of the liver of a young man who was the subject of congenital syphilis. The organ was the seat of large and numerous gummata, the more opaque and whiter parts of which represent areas of calcification.

From a young man, æt. 16, admitted into St. Thomas's Hospital Nov. 1897, under the care of Dr. Hawkins. At the age of nine years he had suffered from some affection of the eyes associated with gradual loss of vision and the appearance of hard swellings in the parietal and frontal regions.

On admission, the right eye was hazy from interstitial keratitis; the liver was enlarged and nodular; there was moreover enlargement of the spleen. Death took place from pneumonia. After death, the lower lobe of the left lung was found solidified; the liver was much deformed from the presence of large gummata, and in addition was much indurated; the spleen was enlarged and firm.

*Presented by St. Thomas's Hospital, 1899.*



2758 D. Portion of the liver of an adult, throughout which there are scattered many cysts varying from the size of pins' heads to others reaching an inch in diameter. Some lie immediately at the surface from which they slightly project; and some are multilocular. Microscopic examination shows that the smaller cysts are provided with a well-marked columnar epithelial lining, which in the larger becomes shorter-celled. The cysts arise in the portal canals and acquire a spherical form only as they increase in size; the proper hepatic tissue is normal.

Both the kidneys were considerably and equally enlarged from cystic disease.

From a man, æt. 50, who first experienced pain in the loin in 1884. Subsequently he passed gravel, and in 1894, after attacks of pain in the right kidney, a small stone. In March 1898 lumbar pain was felt on both sides, and this was followed by the passage of very little urine. Both kidneys were cut down upon, first the left, then, two days later, the right. Both were found in the same condition. Several cysts were opened in each, and the lessened tension resulting afforded some relief. Death took place on the ninth day of the attack, after five days of complete suppression. Muscular twitchings, meteorism, sleeplessness, restlessness, a small rapid pulse, pallor of face, blueness, and coldness of extremities, and finally subnormal temperature, and dyspnoea were the chief symptoms. There was no stone or other gross cause of obstruction present throughout the urinary organs.

Henry Morris. 'The Origin and Progress of Renal Surgery,' Hunterian Lectures for 1898, p. 110.

*Presented by Henry Morris, Esq., 1899.*

2836 A. A somewhat oval, fibro-sarcomatous tumour about five inches in extreme diameter which was excised from the tail of the pancreas of a child four and a half years of age.

The condition was thought to be a renal tumour. Death took place soon after the completion of the operation.

*Presented by J. D. Malcolm, Esq., 1899.*

2836 B. The liver, duodenum, etc. of the preceding case. The portal vein is widely distended with a secondary growth of the same characters as the primary.

One half of the tumour, which was quite unattached, has been removed from the vein which, though widely dilated, is not occluded ; a bristle has been passed through the dilatation along the portion of vein left in the preparation.

*Presented by J. D. Malcolm, Esq., 1899.*

2894 B. The right lobe and isthmus of an exophthalmic goitre which was removed by operation in the treatment of Graves's disease. The extreme vertical diameter of the enlarged lobe is three inches. To the naked eye the divided surface presents a distinct vesicular structure.

The histological picture varies : in some places the gland-spaces are narrow and contain atypical colloid, in others the structure is that of a parenchymatous goitre.

From a lady, æt. 21, who had suffered from marked symptoms of Graves's disease, which was supposed to have followed a severe mental shock. Pulse rate, 160 ; temp. at night 101° F. There was marked exophthalmos, with Stellwag's sign ; constant headache, palpitation, and tremors of the digits, with most distressing nervousness. The symptoms completely disappeared after the operation.

*Presented by R. Lake, Esq., 1899.*

A 3273. Portion of the right internal saphenous vein from the thigh, with the internal femoral cutaneous. Both the vessels are shrunk and cord-like, with an interior thrown into longitudinal ridges, the condition being due to physiological contraction such as arises in the superficial veins of active subjects who become bedridden, and results from the diminished circulation of blood through the subcutaneous series.

Dr. F. Parkes Weber. Path. Soc. Trans., vol. 1.

*Presented by Dr. F. Parkes Weber, 1899.*

3462 A. The larynx of a man thirty-four years of age, the glottis being much stenosed in consequence of a diffuse inflammatory thickening of the mucous and submucous tissue (pachydermia). Over the bases of the arytenoid cartilages there are two rounded eminences of thickened tissue which lie in apposition in the middle line so as here to completely



close the glottis. The epiglottis has been divided and its halves turned outwards.

The family history was good. No illness had been noticed before the age of four years, when the patient became hoarse, the voice being like that of a man. For the last four years of life there was a history of winter cough, and for the last year declared phthisis; but the larynx was unaffected. Death took place with pneumothorax.

R. Lake. 'The Journal of Laryngology,' vol. xiv. Feb. 1899, p. 69.

*Presented by R. Lake, Esq., 1899.*

3539 A. A kidney greatly enlarged in hydronephrosis. The organ measures in the vertical direction as much as nine and a half inches. The original form of the renal pelvis is still largely traceable in the hilum, the sacculi representing greatly dilated calyces. The portion of ureter immediately adjoining the pelvis is tortuous, but its diameter does not exceed a quarter of an inch. No communication at present exists between the ureter and the pelvis of the kidney. When divided, a calculus about half an inch in diameter together with a few others of polyhedral form and ranging up to an eighth of an inch in diameter, were found lying loose within, and presumably occupied the lowest part of pelvis.

The patient, a married woman 33 years of age, had, four and a half years before operation, fallen across the edge of a bath tub, striking her left side just below the ribs. The accident was immediately followed by very severe pain in this region, which confined her to bed for 3 weeks; and thenceforward, until the date of her admission into the Samaritan Hospital, she was subject to frequently recurring attacks of similar pain of varying intensity. No history of hæmaturia at any time was obtainable.

The left lumbar and hypochondriac regions were occupied by a moderately tense elastic swelling which extended forwards in the epigastric and umbilical regions to  $1\frac{1}{2}$  inches beyond the middle line. The urine was normal in appearance and quantity, acid, 1022 sp. gr., showing a faint trace of albumen; no blood was detected.

The kidney was removed without rupture through Langenbuch's incision, the renal vessels and ureter being tied *en masse*. No drainage was used.

Recovery was uneventful and rapid.

*Presented by W. A. Meredith, Esq., 1899.*

- 3555 F.** A vertical section of a kidney much enlarged from general cystic disease, its extreme length being upwards of nine inches. The size of the ureter is normal. The contents of the cysts are, in some, thin and watery; in others, the hardening agent has caused coagulation, the coagulated substance being uncoloured, or in various degrees tinted with blood. The adrenal is of unusually large size and closely applied to the kidney. The opposite kidney was similarly diseased.

From a man, æt. 52, admitted into St. Thomas's Hospital, Nov. 6, 1897, and who died on Nov. 10. At the end of June of the same year his face began to swell, and afterwards the legs and abdomen. In August the urine contained blood for two weeks and he experienced pain in the back and loins. Twitching of the muscles was first noticed in September; for the last month he had, moreover, suffered from diarrhœa. When admitted, the patient was apathetic and could hardly be roused: the knee-jerks and plantar reflexes were brisk; the arteries were rigid, but the pulse was not one of high tension; there were some rigidity of muscles, and tremors of the hands and arms; the chest was resonant throughout. Urine, specific gravity 1012, acid, no sugar, some albumen. Death occurred in a condition of coma. After death, besides the changes found in the kidneys, the lungs were emphysematous and œdematous; left ventricle hypertrophied; aorta highly atheromatous; the arteries, iliac, splenic, etc., were much thickened. A large quantity of fluid lay in the subarachnoid space, filling the cerebral sulci.

*Presented by St. Thomas's Hospital, 1899.*

- 3556 A c.** A vertical section of one of the kidneys of a Kitten three weeks old. The organ is much enlarged from general cystic disease. Its surface is smooth and the capsule readily separable. The other kidney was similarly affected.

*Presented by W. B. Tegetmeier, Esq., 1899.*

- 3591 A.** A right kidney which was removed for a malignant tumour projecting into and distending the renal pelvis. Histologically the growth is a carcinoma, which is in places papilliferous, with columnar cells.

From a man, æt. 30. In September 1896 a sudden and profuse hæmorrhage occurred, followed by acute renal colic on the right side; twelve hours later a long ureteral clot was passed. After



six months the bladder again became filled with blood. The Cystoscope revealed nothing abnormal in the bladder or ureters. The bleeding recurred and became dangerously profuse. In February 1898 the kidney was found on exploration to be healthy, but the renal pelvis was distended with some soft material; the organ was, therefore, removed.

*Presented by E. Hurry Fenwick, Esq., 1899.*

- 3638 I. Two renal calculi, which were successfully removed from the kidneys. The larger is of unusual size and highly branched; it presents on the anterior surface of the portion occupying the renal pelvis a well-marked groove or water-channel.

W. S., a fireman, æt. 22, was admitted into the Swansea Hospital in December 1896 in an extremely emaciated condition, with a perinephric abscess on the left side. Five weeks previously he had noticed his urine getting thick, and three weeks later began to complain of dull pain and swelling in the side. Since then he rapidly lost flesh. At the age of 17 he had a similar illness, with pain and swelling in the same position. In the interval he had been quite well, but thinks the urine never quite cleared. Upon incision a pint of most offensive pus was evacuated. After some search the smaller stone was found presenting in the cavity by a surface smaller than a threepenny piece. It was so firmly embedded that it could only be removed after a blunt-pointed bistoury had been passed on either side, and the tough, fibrous capsule that enveloped it incised.

The apex of the stone extended into the pelvis, which was distended with pus. Both kidney and abscess cavity were drained. The patient made a rapid recovery and returned to work with a small sinus in the loin which closed in fourteen weeks. He remained in excellent health and full work until January 1898, when he began to complain of pain in the right loin, worse on lying down, and at the same time noticed a lump on that side. The urine, which had never become quite clear, again became thick. He returned to hospital on February 2nd. On examination the right kidney was much enlarged and freely movable. The urine was alkaline, contained pus, phosphates, and casts. The kidney was exposed by an incision 6 inches in length. The pelvis was incised, and the large stone removed in four pieces. One of these pieces was removed from a calyx through an incision in the cortex. The cortex was everywhere evenly stretched over that part of the stone that filled the calyces and appeared to be in good physiological condition. Where incised it measured  $\frac{1}{3}$  inch in thickness. The pelvis was drained and the wound in the flank closed by buried and superficial sutures. For the first four days the dressings were

soaked with urine, after this none was passed through the wound. On the seventh day the tube was removed. He was up on the fourteenth day, and the wound had healed completely by the end of the fourth week. The urine slowly became acid, and he was allowed to return to work in May.

In spite of the extent of the incision and the free division of the edges of the erector and quadratus muscles, he stated that he had no weakness in the back and wields a shovel 18 inches square "as well as any other man." The smaller calculus weighs exactly  $\frac{1}{2}$  oz. and measures  $1\frac{3}{4}$  inch in its chief diameter. The larger, together with about 10 gr. of detritus, weighed after removal exactly  $\text{℥iv}$ , but weighs in the dried condition little over  $\text{℥iij}$  (3.1450). In its longest diameter it measures  $3\frac{5}{16}$  inches.

*Presented by W. F. Brook, Esq., 1899.*

**3645 A.** Alcoholic solution of Hæmatoporphyrin. The solution was made from the combined extract of the urine from two patients, one suffering with phthisis, the other with leucocythemia.

*Presented by Dr. A. E. Garrod, 1899.*

**3739 A.** An oval calculus of urate of ammonia about two inches in chief diameter, which was removed after death from the bladder of an Essex farmer. The stone had been drilled by Civiale about a fortnight previously. Its surface, as well as the cavity made by the drill, is thinly encrusted with phosphates.

*Presented by Norris F. Davey, Esq., 1899.*

**3778 E.** Portion of a brain with the pineal body, the latter being dilated into a cyst five-eighths of an inch in chief diameter.

The condition was discovered unexpectedly in a man who died as the result of a fracture of the skull. No symptoms of any kind had been observed during life.

Dr. A. E. Russell. Path. Soc. Trans., vol. 1.

*Presented by St. Thomas's Hospital, 1899.*

**A 3867.** The skull of a foetus at term, greatly enlarged from hydrocephalus.

On vaginal examination, the os uteri was found well dilated and the membranes tense; the presentation could not be made out. The rupture of the membranes was followed by the escape of a large quantity of liquor amnii: the presentation was then found to be a breech. After the delivery of the body and arms, an



unsuccessful attempt was made to perforate the enlarged skull : perforation was eventually carried out through the roof of the mouth. A large amount of clear fluid escaped, and the delivery was then accomplished without difficulty. The patient did well.

*Presented by J. H. Yolland, Esq., 1899.*

- A 3926.** A nasal spur one and three-quarters of an inch in length, removed from the left nostril, which it completely obstructed.

From a man forty years of age.

*Presented by R. Lake, Esq., 1899.*

- 3949 B.** Twenty sets of ossicles (excluding in all instances the stapes) which were removed from cases of Otitis media. Considerable parts of many of the bones have been destroyed by caries.

*Presented by R. Lake, Esq., 1899.*

- 4031 A.** The outer half of a right foot affected with Elephantiasis. There is a remarkable amount of swelling of the subcutaneous tissue in the situations where this is normally most lax, on the dorsum and above the heel. The several bones exhibit an advanced stage of atrophy and are filled with adipose tissue, though their form is unaltered and their articular surfaces intact.

*Presented by Dr. H. G. Turney, 1899.*

- 4086 B.** A prominent coarsely papillary tumour about four inches in chief diameter which was successfully removed with a circumjacent portion of the scalp and a considerable piece of the subjacent frontal bone, from a woman thirty-five years of age. The summits of many of the processes of the new growth are superficially ulcerated, but for the most part they are covered with intact epidermis. As seen in the section, the growth presents a finely alveolar structure, and in its deeper part is quite solid. In the centre of the bone there is an oval perforation about three-quarters of an inch in length which is filled with a soft



extension of the tumour; the exterior of the skull around this is superficially eroded, the intervening soft structures having been destroyed for a corresponding area.

Histologically the growth nowhere presents any keratinisation, and may be classed as a spheroidal-celled carcinoma.

The patient, a married woman aged 35, was admitted to the Royal Free Hospital on June 21st, 1898. Eight years before, a small lump had been noticed in the scalp a little to the left of the middle line behind the hair of the frontal region. Several operations had been performed for its removal, and the present tumour had been growing for two years. In some months there had been intermittent hæmorrhage from it, and her general health had greatly deteriorated. Firmly attached to the bone, it did not pulsate and was not accompanied with glandular enlargement. On January 27th, after the application of an elastic bandage circularly to the head to control bleeding from superficial vessels, the tumour was removed from the surface of the bone, and pads applied to arrest the bleeding which ensued from the skull where the growth had invaded it. This pressure was removed next day. On February 7th the bone affected was removed; a trephine was first applied, and from the opening thus made a circular saw worked by a hand motor was guided so as to divide the bone above and below, after which a few strokes of the chisel were sufficient to free the implicated portion. The growth had not invaded the dura mater, but presented a series of closely set elevations with flattened tops where it had completely eaten away the skull. Little hæmorrhage followed the removal of this piece of bone, but one vessel in the dura mater required the pressure of a pad and a bandage to arrest the bleeding from it. She was up on February 25th. Granulations soon sprang up, and on March 2nd skin-grafts, after Thiersch's method, were taken from the thigh and placed on the dura mater, with full success. She left the hospital on March 22nd, greatly improved by her stay. There was then an irregular circle of dead tissue around the area of operation, which gradually separated during the next few months and cicatrisation took place around. The relief to the patient and the improvement in her general condition and appearance were very great. Wearing a handkerchief across the forehead and round the head she was comfortable, and there was no suspicion aroused of the underlying deformity. No attempt was made to cover the area left after removal of the bone by means of a plate.

W. H. Battle. Clinical Soc. Trans., vol. xxxii. 1899.

*Presented by the Royal Free Hospital, 1899.*

- A 4188 a. The testicle of an infant, eight months of age, which was excised in consequence of strangulation arising from torsion.

J. C., æt. 8 months, was admitted to the Evelina Hospital with a swelling in the right inguinal region, diagnosed at first as a strangulated inguinal hernia. The swelling lay just outside the external abdominal ring and was tender, but there was no vomiting or constipation. The pain disappeared, and it became evident that the testicle was undescended, torsion of the organ being suggested. On exposing the testicle and dividing the tunica vaginalis, it was noticed that the cord at its attachment to the testicle was exceedingly narrow like a pedicle. The fact that twisting had occurred was not recognized, however, until after the testicle had been freed from its surroundings. The epididymis was swollen and black: an incision into the testicle showed its substance to be streaked with black and that no blood was circulating through it. The cord appeared vascular and natural up to its point of attachment. ('Lancet,' Jan. 21, 1899, p. 139.)

*Presented by F. S. Eve, Esq., 1899.*

- 4315 A. The prostate gland etc. from a case in which division of the vasa deferentia was practised for the relief of the symptoms arising from enlargement of the gland. The lateral lobes of the gland are considerably and uniformly enlarged, the organ measuring two inches and an eighth from side to side, and being proportionally enlarged in other directions. The vesiculæ seminales and proximal ends of the vasa deferentia present no abnormality. The bladder was considerably dilated, its wall being correspondingly thinned. There was no hydronephrosis. Dissection of the vas on one side showed a want of continuity at a distance of four and a half inches from the globus minor, the ends of the vessel being embedded in scar tissue.

Histological examination of the posterior part of the enlarged prostate reveals a considerable amount of gland-tissue.

Edward S., æt. 76, was admitted into the Marylebone Infirmary on Jan. 20th, 1898, with retention of urine (for which he had been admitted before); he had been obliged to use a catheter very frequently, and complained of frequency of micturition, rising sometimes at night on eight occasions. Otherwise, the health



was good. On rectal examination, the prostate was felt to be about the size of a small Tangerine orange and firm in consistence. A no. 6 catheter was passed, some difficulty being met near the bladder. There was no hæmaturia or offensive cystitis; the urine contained a trace of albumen. Urine was passed from 15 to 20 times in the twenty-four hours. On April 29th the left vas deferens was tied and cut under the influence of 10 per cent. cocaine injected subcutaneously at the site selected for operation: the wound healed naturally. As no improvement took place, the right vas was divided on June 18th. After the latter operation no retention was further noticed, and in August micturition occurred only from six to eight times in the twenty-four hours. Death took place from carcinoma of the liver in December 1898.

J. R. Lunn. Clin. Soc. Trans., vol. xxxii.

*Presented by J. R. Lunn, Esq., 1899.*

**4315 B.** A urinary bladder etc., from a case in which double castration was performed in the treatment of enlarged prostate. The gland is considerably and uniformly enlarged, its transverse diameter amounting to two inches and an eighth. Behind the prostate the vesical cavity is crossed by a prominent interureteral muscular bar. The enlarged median lobe is deeply grooved in the mid-line from the use of instruments. The bladder is scarcely larger than in the naturally distended condition. There was no hydro-nephrosis.

Section of the left vas deferens was carried out in May 1896; in August, radical cure for hernia and removal of the right testicle were performed at the same time. A year later the left testicle was excised. The patient (E. H., æt. 72) was admitted into the Marylebone Infirmary in May 1896, having been in the habit of passing water twenty times or more in the twenty-four hours, and subject to fits of retention. As no improvement followed division of the left vas, the right testicle was removed, after which the health began to improve, though retention now and then arose. The left testicle was excised in Aug. 1897. A careful examination of the prostate was then made, and the right lobe found to be less prominent than the left. In March 1898 the calls for micturition were reduced to ten in place of twenty during the twenty-four hours. Death took place in Dec. 1898, with general dropsy.

J. R. Lunn. Clin. Soc. Trans., vol. xxxii.

*Presented by J. R. Lunn, Esq., 1899.*



**4532 A b.** A Fallopian tube with portion of the broad ligament, and the ovary. In connection with the latter there has grown a spherical tumour, either a fibroma or fibro-myoma, which has undergone complete calcification. Above the tumour is a cyst of about the same size, arising probably within the ovary, and upon this a smaller thinly walled and apparently subperitoneal cyst.

The parts were removed from a single woman, æt. 58. The tumour could readily be felt on vaginal examination, and its hardness was very obvious. The possible conditions were reduced on clinical examination to those of pedunculated uterine tumour and calcified ovarian dermoid.

J. Bland Sutton. Obstet. Soc. Trans. 1898, pt. iii. p. 223.

*Presented by J. Bland Sutton, Esq.*

**4532 A c.** The other half of the foregoing tumour macerated.

*Presented by J. Bland Sutton, Esq.*

**4533 B.** Half of a sarcoma of the left ovary, measuring about five inches in chief diameter. Microscopic examination shows the growth to be in process of extensive mucoid degeneration. The opposite ovary was similarly diseased, and was, in addition, the seat of considerable cysts.

L. Parker, æt. 45, married eighteen years. Her last pregnancy terminated in June 1898, after which the rapid growth of a tumour was noticed; this on removal proved to be a cystic growth of the right ovary; the left ovary was found diseased and was removed at the same time. The disease recurred within four months after the operation, apparently in the small intestine.

*Presented by Alban Doran, Esq., 1899.*

**4647 A.** The right uterine appendages together with a spherical myomatous tumour about two inches in diameter which has grown in the wall of an abnormal right uterine cornu. The round ligament arises from the outer and anterior aspect of the tumour; a bristle has been placed into the uterine artery. There was a distinct, imperforate, pedicle between the growth and the right side of the uterus; the tumour was unconnected with the cervix.

From a woman aged 38, married eight years. She was delivered of a live child at term five years before this tumour was removed,

and aborted at the second month about seven weeks before the operation. For a year she was subject to dragging pains and prolapse. Menstruation continued regularly after convalescence.

The case is fully reported in the British Medical Journal, June 10th, 1899, p. 1389.

*Presented by Alban Doran, Esq., 1899.*

**4695 K.** A right ovary with the Fallopian tube, removed by operation. Immediately beyond the fimbriated end of the tube is an oval, sharply circumscribed clot two and a quarter inches in chief diameter. At one side of the clot there is a cavity suggestive of an amniotic sac, but no amniotic lining was discovered on microscopic examination. Histological examination of the peripheral part of the coagulum, from different situations, showed a capsular formation of hyaline fibrous tissue, but no chorionic villi.

From a woman, æt. 25, admitted into the Samaritan Free Hospital, Nov. 1897. She had been married two and a half years, and had only once been pregnant, miscarrying at the third month in May 1896. Menstruation was never regular, the flow varying greatly in amount. Twelve weeks before admission severe bearing-down pains set in, with free show, which could not be checked. No history of the passage of any structure like a decidua could be obtained. When admitted there was found to be an elastic mass in the right fornix; the uterus was hardly enlarged, and lay in its normal axis. There was much sanious discharge from the os. At the operation for its removal the mass was found to be adherent to the sigmoid flexure and rectum, as well as to small intestine. There was no sign of any effusion of blood into the peritoneal cavity beyond the mass, or into the parametrium. Complete recovery ensued.

Alban Doran. Obstet. Soc. Trans., vol. xl. pt. ii. p. 180.

*Presented by Alban Doran, Esq., 1899.*

**4713 A.** A Lithopedion which was taken after death from the right side of the lower part of the abdominal cavity. The uterus and appendages have been removed with the specimen, but they afford no evidence as to the original site of gestation.

From a woman, seventy-six years of age, who thirty-seven years previously had been told that she was pregnant; no labour resulted, and laparotomy was proposed, but this the patient refused.

*Presented by J. R. Lunn, Esq., 1899.*

- 4819 A a. A somewhat flattened, lobulated fibroma, nearly two and a half inches in chief diameter, which was removed from the nipple to which it was attached by a narrow peduncle.

The ducts were not divided at the operation, which was performed chiefly on account of the interference the tumour caused to suckling.

C. D. Green. Path. Soc. Trans., vol. xlix.

*Presented by C. D. Green, Esq., 1899.*

### TERATOLOGY.

- 238 A. A vertical section of the head of an infant, in which the development of the upper part of the face has been arrested. The buccal cavity, tongue and parts below are normally formed. The pharynx terminates blindly, without there being any trace of nasal fossæ anterior to it, nor is there externally any indication of the nose. Above the superior maxilla there is a deep transverse cleft bounded above by a retroverted eyelid. The fossa behind the cleft is filled with fat, in which certain of the ocular muscles are recognizable, whilst a diminutive globe rests on the floor of the orbit beneath the lower border of the fissure already noticed. There was no cleft in the upper lip, and no trace of a nasal proboscis.

*College Stores, 1899.*

- 263 A. The head of a foetus affected with facial arrest. There is a single median eye, a slight eminence representing the nose, and a minute buccal aperture through which a piece of green glass has been placed. The external ears lie obliquely at the sides of the neck and so converge that the external auditory meatus are only an inch apart and at a level of about half an inch below the opening of the mouth.

*Presented by G. H. Johnson, Esq., 1899.*

- 263 B. The skeleton, etc. of the foregoing. There is a single orbital cavity, a diminutive upper jaw without nasal fossæ, and a complete absence of mandible. Projecting from the floor of the buccal cavity is an eminence representing the



tongue. The pharynx terminates blindly at the base of the skull : on either side of it are the openings of the external auditory meatus. No connection exists between the tongue and the hyoid bone, although the muscles passing upwards from the latter appear to represent the genio-hyoid and genio-hyo-glossus, whilst most superiorly there is a transverse set of fibres lying on what is the anterior wall of the pharynx above the hyoid bone, and representing the mylohyoid muscle. The trachea, œsophagus, and larynx are normally developed.

*Presented by G. H. Johnson, Esq., 1899.*

**389 A.** Portion of the leg of a Pheasant showing imperfect duplication beyond a bifid lower end of the tibia.

*Presented by W. B. Tegetmeier, Esq., 1899.*

**444 A.** The bones of a forearm and hand with the lower part of the humerus, from an adult. Both the radius and ulna are reduced in size and malformed, the ulna especially so, the latter being not more than three inches in length. Only three digits are present, those absent being the thumb and little finger.

*College Stores, 1899.*

**762 A.** A leaf of the Garden Nasturium (*Tropæolum majus*) exhibiting duplication of the lamina.

*Presented by Mr. Arthur Mead, 1899.*

**863 A.** Partial duplication in the fruit of the Walnut (*Juglans regia*) arising from fusion or syncarpy.

*Presented by Mr. Arthur Mead, 1899.*

### CALCULI.

**c a 73.** Half of a large calculus which was removed from the bladder by supra-pubic cystotomy : it measures four and a half inches in chief diameter, and weighed sixteen ounces. The section displays centrally a well-formed calculus of pale fawn colour, and coarsely crystalline in its outer part ; this is succeeded by an extremely thick and whiter encrusting

layer, finely laminated in the concentric direction. The former consists chemically of oxalate of calcium with uric acid ; the latter of phosphate of calcium and magnesium with traces of calcium carbonate.

From a man, æt. 30, admitted into Guy's Hospital under Mr. Davies-Colley. He had suffered ever since childhood from frequency of micturition ; no bleeding had been noticed : of late micturition occurred every half hour during the night and about once an hour during the day. The incision made into the bladder at the operation was between two and three inches long, but it was found necessary to increase this transversely on one side to the extent of an inch. The vesical mucous membrane was congested and coated with adherent phosphates. The edges of the opening into the bladder were stitched to the aponeurosis of the external oblique. Recovery was complete, though more than a year after the operation a little discharge occasionally occurred from a small sinus at the site of the wound.

[In the rail cases of Calculi.]

*Presented by J. N. Davies-Colley, Esq., 1899.*

- ☉ 25. An irregularly oval calculus about three quarters of an inch in length, which was removed from the left tonsil of a girl sixteen years of age.

The patient experienced no inconvenience from the calculus, and did not know of its presence : a small area only was visible, the rest being buried in the tonsil.

[In the rail cases of Calculi.]

*Presented by James J. Powell, Esq., 1899.*

- ☉ 61. Two hair-balls taken, with many others, from the stomach of a Sheep ; the larger measures  $1\frac{5}{8}$  inch in diameter.

[In the rail cases of Calculi.]

*Presented by W. B. Tegetmeier, Esq., 1899.*

## INSTRUMENTS.

- D 34. Extraction forceps and key in the use of Dr. Dunsford, Hemioch, Devonshire : 1700–1750.

[In the collection of Surgical Instruments.]

*Presented by Dr. F. T. Shortridge, 1899.*

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